

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Seiichiro NORITAKE
Serial No: 10/627,959
Confirmation No: 2264
Filed: July 25, 2003
For: DAMPER DEVICE



Art Unit: 3753
Examiner: Hepperle, Stephen M.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
August 26, 2005
Date of Deposit
Juanita Soberanis
Name
Juanita Soberanis
Signature
08/26/05
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment.
☒ Return postcard.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	17	-	20 **	0	LG=\$50 SM=\$25	\$50	\$ 0	
INDEPENDENT CLAIMS FEE	5	-	3 ***	2	LG=\$200 SM=\$100	\$200	\$ 400	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0	
Independent Claims: 2, 5, 11, 14 and 19							TOTAL	\$ 400

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$400 to cover the additional claims fee to Deposit Account No. 50-1314. The Commissioner is authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

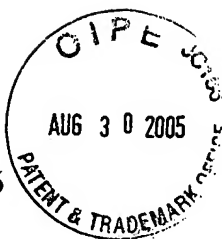
Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: August 26, 2005

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Attorney for Applicant(s)

Appl. No. 10/627,959
Amdt. dated August 26, 2005
Reply to Office Action of June 8, 2005



Atty. Ref. 81868.0100
Customer No. 26021

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AMENDMENT

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Dear Sir:

In response to the Office Action dated June 8, 2005, please amend this
application as follows:

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

08/31/2005 ZJUHA1 00000015 501314 10627959

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